

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 10-375)

EXPIRATION DATE  
08/16/84

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11		1		
12		1		
13		1		
14		1		
15		1		
16		1		
17		1		
18		1		
19		1		
20		1		
21		1		
22		1		
23		1		
24		1		
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50				
TOTAL IND.	8	10	10	10
TOTAL DEP.	1	1	1	1
TOTAL CLAIMS	11	11	11	11

10-1360 (3-78)

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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